PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application of Docker Number  10 771 6/5													, ,
CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMALL TYPE	EN	לזוד	OR	OTHER	
TC	TAL CLAIMS		24					RATE		FEE	]	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		· 4.		].	X\$ 9	=		OR	X\$18=	n
INDEPENDENT CLAIMS			3 minus 3 =		6			X43=			OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		. '			+145:	1		1	200	
• 11	"If the difference in column 1 is less than zero, enter "0" in column 2									<del></del>	OR	÷290=	C (2
										<del>,</del>	OR	TOTAL	842
(Column 1) (Column 2) (Column								SMAL	LE	NTITY	OR	OTHER SMALL	
AMENDMENT A	٠	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	8/ .	Minus	ãÝ		=		XS Ø=			OR	XS18=	
	Independent	· /	Minus	3		= :		X43=			ÓR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		$\overline{}$	OR	+290=	
									AL			TOTAL	
		(Column 1)		. (Colum	nn 21	(Column 3)		ADDIT. FE	EL		10	ADDIT. FEE	•
AMENDMENT B	CLAIMS REMAINING			HIĞHE		ST			T	ADDI-	İ		ADDI-
		AFTER AMENDMENT	٠	PREVIO	USLY	EXTRA		RATE		IONAL FEE		RATÉ	TIONAL FEE
	Total	•	Minus	**			] ]	X\$ 9=		•	OR	X\$18=	Œ
	Independent	•	Minus	***		=		X43=			OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEPENDENT		CLAIM		]	+145=	1		OR	+290=	
	(Column 1) (Column 2) (Column 3)								E	•	OR	TOTAL ADDIT, FEE	
											•		
3 1	`.	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	Т	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	() (**		= .		X\$ 9=	T		OR	X\$15=	
	Independent	•	Minus :	101		<b>2</b> .	]	X43=	+	<del></del>	ı	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL ODIT. FEE		
		ber Previously Paid					er foul	nd in the a	appro ·	priate box	in colu	ເກກ 1.	